



LOCAL EMERGENCY PHONE CONTACT LIST FOR COMMUNITY PWS

To be updated annually and a copy submitted to HHSS-R&L. System retains original for their records. Complete all items which apply to your system.

NAME OF SYSTEM: _____ **County:** _____ **PWS ID#: NE31** _____

System Phone: _____ Fax: _____ E-mail: _____

If System Purchases Water from Another System, Provide Name of the Supplier: _____

Supplier Phone: _____ **Fax:** _____ **Alternate:** _____

System's Designated Operator in Charge: _____ Home: _____

24-Hour Emergency Contact Number for the System: _____

Back-up Operator(s): _____ Home: _____

HHSS-R&L Field Rep: _____ Phone: _____ Cell: _____

HHSS-R&L (Lincoln): Doug Woodbeck, Program Manager, Field Services Phone: (402) 471-0521
Howard Isaacs, Program Manager, Monitoring & Compliance Phone: (402) 471-0930
Jack Daniel, Administrator, Environmental Health Services Phone: (402) 471-0510

Mayor or Board Chairperson: _____ Phone: _____

City Administrator or Manager: _____ Phone: _____

City/Village Clerk: _____ Phone: _____

Public Works Director: _____ Phone: _____

Engineer: _____ Phone: _____

Police Chief: _____ Phone: _____

Fire Chief: _____ Phone: _____

Local Health Department or Official: _____ Phone: _____

Local Civil Defense or Emergency Response Office: _____ Phone: _____

Served by _____ Red Cross Chapter Phone: _____

Electric Utility: _____ Phone: _____

Gas Utility: _____ Phone: _____

School Superintendent: _____ Phone: _____

Schools, Colleges and Universities Served by the System: _____

EMERGENCY CONTACTS

Nebraska Rural Water Association – Wahoo, NE

Randy Hellbusch

Russ Topp

Barney Whatley

League of Nebraska Municipalities, Utilities Section – Lincoln, NE

Midwest Assistance Program

Art May - Walthill, NE

Tim Rutledge – Humboldt, NE

Mike Boyd - Gering, NE

Phone: (402) 443-5216

Cell Phone: (402) 443-8535

Cell Phone: (402) 480-4196

Cell Phone: (402) 480-4297

Phone: (402) 476-2829

Phone: (402) 846-5123

Phone: (402) 862-3227 Cell: (402) 239-8392

Phone: (308) 436-2700

Well Driller or Company: _____ Phone: _____

County(s) Served by PWS: _____

Sheriff: _____ Phone: _____

County Board Chairperson: _____ Phone: _____

SYSTEM INFORMATIONIs System Metered: ☐ Yes ☐ No Other: _____

Total Service Connections: _____ Residential: _____ Commercial: _____ Industrial: _____

Physical Address of Treatment Plant: _____

Physical Address or Location of Wells (well ID #, 911 or physical address): _____

Average Daily Production: _____ GPD Total Design Capacity: _____ GPD

Total Emergency Capacity: _____ GPD Total Yearly Production: _____ MG

Average Summer Daily Demand: _____ MGD Peak Daily Demand: _____ MGD

Average Winter Daily Demand: _____ MGD System Total Storage Capacity: _____ MG

Storage Facilities:	Local Name	Capacity	Address / Location
_____	_____	_____ MG	_____
_____	_____	_____ MG	_____
_____	_____	_____ MG	_____
_____	_____	_____ MG	_____
_____	_____	_____ MG	_____
_____	_____	_____ MG	_____

Total Number of Wells: _____ Range of Production: _____ GPM to _____ GPM

Number of Wells on Active Status: _____ Inactive: _____ Emergency: _____

Other Information: _____

Submitted By: _____ Title: _____ Date: _____

Mail or e-mail to: HHSS Regulation & Licensure
 Environmental Health Services
 P.O. Box 95007
 Lincoln, NE 68509-5007
 randy.fischer@hhss.ne.gov
 Phone: 402/471-1007
 24-Hour Emergency Contact #: 402/499-6922